# K013108 1/2

## 510(K) SUMMARY

HAKKO SHOJI CO., LTD 1.

7-9 Kamimeguro 1-Chome, Meguro-ku

Tokyo 153 Japan

81-(3)-464-8500 Fax 81-(3)-464-8539

Contact person: M. Moruyama

APR 0 4 2002

2. DEVICE NAME

Proprietary Name(s):

BioSuc

Common Name(s): Fine Aspiration Cytology Needle

Device Class: Class II 21CFR 876.1075

Aspiration biopsy needle (gastroenterology-urology biopsy instrument).

Product Code: KNW

#### 3. STATEMENT OF SUBSTANTIAL EQUIVALENCE:

Predicate Devices:

Manan Medical Products, Inc. Westcott Aspiration Needle K943651

Travenol Lab.

Allegiance Aspiration Needle K831392

Daum GMBH

Daum Aspiration Biopsy Needle K974575

The Biosuc Fine Aspiration Cytology Needle is substantially equivalent to the referenced predicated devices in that it is similar with respect to technological characteristics and intended use.

#### 4. DESCRIPTION OF THE DEVICE(S)

Needle size: 20G: 50mm to 100mm, 21G: 50mm, 22G: 50mm

Needle tip: Bayonet point (Lancet point)

Suction syringe: 7 ml Plunger slide: 35 mm

Side Hole

20G:  $\phi$  0.35 to  $\phi$  0.5 n=0 to 3 21G:  $\phi$  0.35 to  $\phi$  0.5 n=0 to 3

22G: \$\phi\$ 0.35

n=0 to 2

Product Code No.	Needle size	Side Hole	Syringe
22030500	20Gx50mm	φ 0.5 1 hole	7 ml
22030510	20Gx100mm	φ 0.5 1 hole	7 ml
22030520	21Gx50mm	φ 0.5 1 hole	7 ml
22030540	22Gx50mm	φ 0.35 1 hole	7 ml

#### 5. STATEMENT OF INTENDED USE:

Biopsy of tumors in the Thyroid, Breast or Lymph Node, etc., and adjacent to the body surface.

E. DESCRIPTION OF DEVICE(s):

Needle size: 20G: 50mm to 100mm, 21G: 50mm, 22G: 50mm

Needle tip: Bayonet point (Lancet point)

Suction syringe: 7 ml Plunger slide: 35 mm

Side Hole

20G: \$\phi\$ 0.35 to \$\phi\$ 0.5 n=0 to 3 21G: \$\phi\$ 0.35 to \$\phi\$ 0.5 n=0 to 3 22G: \$\phi\$ 0.35

Product Code No.	Needle size	Side Hole	Syringe	
22030500	20Gx50mm	φ 0.5 1 hole	7 ml	
22030510	20Gx100mm	φ 0.5 1 hole	7 ml	
22030520	21Gx50mm	φ 0.5 1 hole	7 ml	
22030540	22Gx50mm	φ 0.35 1 hole	7 ml	

#### F. PROPOSED LABELING:

See attached (Page 46)

Each Product Label will have the following information:

Complete product description

Manufactured by: Hakko Medical Co., Ltd.

Distributed by:

Havel's Incorporated 3726 Lonsdale Street Cincinnati, Oh 45227 (513) 271-2117 Made in Japan

STERILE

SINGLE USE ONLY

CAUTION: Do not use if package has been opened or damaged. Store in a cool, dry place. Federal law restricts this device to sale by or on the order of a physician.

Sterile unless opened or damaged

### G. STATEMENT OF INTENDED USE:

Biopsy of tumors in the Thyroid, Breast or Lymph Node, etc., and adjacent to the body surface.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Hakko Medical Company, Ltd. c/o Mr. Shiro Kitagawa
Director, Marketing Division
Hakko Shoji Co., Ltd.
7-9 Kamimeguro 1-Chome
Meguro-Ku, Tokyo,
Japan 153

APR 0 4 2002

Re: K013108

Trade/Device Name: BioSuc Fine Aspiration Cytology Needle

Regulation Number: 876.1075

Regulation Name: Gastroenterology-urology biopsy instrument

Regulatory Class: II Product Code: KNW Dated: December 14, 2001 Received: March 21, 2002

#### Dear Mr. Kitagawa:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

for Celia M. Witten, Ph.D., M.D.

miriam C Provost

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

510(k) Number (if know	wn): KO13108	
Device Name: B	io Suc Fine Aspiration Cyto	Legy Noedle
Indications For Use:		
The BioSuc Fin	e Aspiration Cytology Needl	e is indicated for the biopsy
of tumors in the	Thyroid, Breast or Lymph	node.
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	TE BELOW THIS LINE - CONTINGED OF DEVI	IVE ON ANOTHER PAGE IF NEEDED)
		· ·
Prescription Use (Por 21 CFR 801 109)	OR	Over-The-Counter Use
•		(Optional Format 1-2-96)
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	Meriam C. Prove (Division Sign-Off)	ost_
	Division of General, Resto and Neurological Devices	-
	510(k) Number <u>K 6/3</u>	3/08